

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42198

1. Entity Name
INWOOD DEVELOPMENTS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90187 019 ***158.75

0017738

Principal Place of Business
555 S POMPANO PKWY
POMPANO BEACH FL 33306
US

Mailing Address
C/O RJVF CORP SERVICES, INC.
200 S BISC BLVD STE 4000
MIAMI FL 33131
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
RJVF Corp. Services, Inc.
Suite, Apt. #, etc.
300 S. Biscayne Blvd. Ste # 4100
City & State
MIAMI FL
Zip 33131 Country Dade

4. FEI Number 65-0421649
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RJVF CORPORATE SERVICES, INC.
200 S BISCAYNE BLVD., STE 4000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
RJVF Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
300 S. Biscayne Blvd., Ste # 4100
City MIAMI FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE President DATE 3/26/01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAURIA, JESUS ALBERTO	
STREET ADDRESS	517 MISTY OAKS DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUILLERMO, LESSEUR	
STREET ADDRESS	2585 SOUTH COURSE DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARBATI, MARIA CLARA	
STREET ADDRESS	555 S POMPANO PKWY	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBATI, MARIA CLARA	
STREET ADDRESS	11729 SW 95th	
CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 03/20/01 954.9684408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)